

Work Order ID 75885

\*75885\*

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November-01-11 1:10:06 PM

Item ID: D350-727-045

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Wearplate, Full Length, LH/RH

Start Date: 01/11/2011 Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 15/11/2011 Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 11/11/01

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

IIN D350-727

Rev A

100

0.00

\*100\*

DOCUMENT CONTROL

DC

Memo

0.00

Document Control

Photocopy bluefile and create labels per PPP D350-727-045 CHG001

*Sululos*

*MLJ 11-11-7*  
*(2)*

110

Pick Kit

0.00

\*110\*

Packaging

Memo

0.00

Packaging

*11/11/75 (2)*

120

QC4- 100% Inspect kits for completeness

0.00

\*120\*

QC

Memo

0.00

Quality Control

*Sululos*

*(2)*

W/O:		WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector	

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Work Order ID 75885

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Item ID: D350-727-045 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Wearplate, Full Length, LH/RH  
 Start Date: 01/11/2011 Start Qty: 2.00 **\*2\*** Cust Item ID:  
 Required Date: 15/11/2011 Req'd Qty: 2.00 **\*2\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130		0.00							
<b>*130*</b>	Packaging								
Packaging	Memo	0.00							
Packaging	Identify and pack for shipping as per PPP D350-727-045 Location: <u>62</u> PPP Rev: <u>C</u>								
140	QC21- Final Inspection - Work Order Release	0.00							
<b>*140*</b>									
QC	Memo	0.00							
Quality Control									

11/11/09  
MF 11-11-09

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng'y Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Picklist Print

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Work Order ID: 75885

\*75885\*

Parent Item: D350-727-045

\*D350-727-045\*

Parent Item Name: Wearplate, Full Length, LH/RH

Start Date: 01/11/2011

Required Date: 15/11/2011

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP Rev:A05.05.12New issueKJ/JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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D3319-1		Manufactured	No			120	Each	4.0000	1	2			
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\*D3319-1\*

Wearplate

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Location

Loc Qty

Loc Code

ST497

4

72934

4

D3319-3		Manufactured	No			120	Each	10.0000	1	2			
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\*D3319-3\*

Wearplate

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Location

Loc Qty

Loc Code

ST497

10

69528

4

72935

6

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries